

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT** ▼Example: If typing, type
over the lines

Oregon Republican Party

ADDRESS (number and street)

PO Box 25406

☐Check if different
than previously
reported. (ACC)

Portland

OR

97298

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00153031

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

1 1

0 2

2 0 1 0

in the
State of

OR

(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

1 0

0 1

2 0 1 0

through

1 0

1 3

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dennis Morgan

Signature of Treasurer

Electronically Filed by Dennis Morgan

Date

1 0

2 1

2 0 1 0

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 30

Write or Type Committee Name
Oregon Republican Party

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	41685.18
(b) Cash on Hand at Beginning of Reporting Period	12515.30	
(c) Total Receipts (from Line 19)	117406.12	630001.09
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	129921.42	671686.27
7. Total Disbursements (from Line 31)	42754.00	584518.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	87167.42	87167.42
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	31879.13	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 30

Write or Type Committee Name
Oregon Republican Party

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	48970.00	180677.00
(ii) Unitemized	1316.12	116087.97
(iii) TOTAL (add Lines 11(a)(i) and (ii)	50286.12	296764.97
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	20000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	50286.12	316764.97
12. Transfers From Affiliated/Other Party Committees	57120.00	213332.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	6.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	10000.00	99898.12
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	10000.00	99898.12
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	117406.12	630001.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	107406.12	530102.97

DETAILED SUMMARY PAGE

of Disbursements

4 / 30

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	1313.44	47049.30	
(ii) Non-Federal Share.....	4632.01	165955.18	
(b) Other Federal Operating Expenditures.....	2100.88	82429.91	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	8046.33	295434.39	
22. Transfers to Affiliated/Other Party Committees.....	0.00	80000.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	10000.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	3064.24	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	34707.67	196020.22	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	34707.67	196020.22	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	42754.00	584518.85	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38121.99	418563.67	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 30

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	50286.12	316764.97
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50286.12	316764.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3414.32	129479.21
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	6.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3414.32	129473.21

SCHEDULE L (FEC Form 3X)

6 / 30

AGGREGATION PAGE: LEVIN FUNDS

Transaction ID: SL1

NAME OF COMMITTEE (In Full) Oregon Republican Party		
NAME OF ACCOUNT KEY LEVIN		
	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
a. Itemized..... (Use Schedule L-A)	0.00	0.00
b. Unitemized.....	0.00	0.00
c. Total.....	0.00	0.00
2. OTHER RECEIPTS.....	0.00	0.00
3. TOTAL RECEIPTS..... (Add Lines 1c and 2)	0.00	0.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
a. Voter Registration.....	0.00	0.00
b. Voter ID.....	0.00	0.00
c. GOTV.....	0.00	0.00
d. Generic Campaign.....	0.00	0.00
e. Total.....	0.00	0.00
5. OTHER DISBURSEMENTS.....	0.00	12.00
6. TOTAL DISBURSEMENTS..... (Add Lines 4e and 5)	0.00	12.00
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	66.00	78.00
8. RECEIPTS..... (from Line 3)	0.00	0.00
9. SUBTOTAL..... (Add Lines 7 and 8)	66.00	78.00
10. DISBURSEMENTS..... (From Line 6)	0.00	12.00
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9)	66.00	66.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)

Mr. Patrick F. Donaldson

Mailing Address 3983 NE 41st Ave

City

Portland

State

OR

Zip Code

97212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Forbes & Associates, Inc

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: 01013.C111054

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Andrew Ferguson

Mailing Address 1188 Cherry Circle

City

Lake Oswego

State

OR

Zip Code

97034-6209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Businessman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: 01020.C111133

Amount of Each Receipt this Period

2000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Phillip Fogg, Jr.

Mailing Address 27737 SW Petes Mountain Rd

City

West Linn

State

OR

Zip Code

97068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marquis

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: 01020.C111119

Amount of Each Receipt this Period

3000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)

Mr. William D. Gander

Mailing Address 5240 SE 82nd Ave.

City

Portland

State

OR

Zip Code

97266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Standard TV & Appliance

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: 01013.C111056

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Frederick D. Jubitz

Mailing Address 6663 SW Beaverton Hillsdale Hwy #

City

Portland

State

OR

Zip Code

97225-1403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jubitz Corp

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: 01013.C111063

Amount of Each Receipt this Period

10000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Cynthia Louaillier

Mailing Address 2415 Palisades Crest Drive

City

Lake Oswego

State

OR

Zip Code

97034

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Occupational Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: 01020.C111137

Amount of Each Receipt this Period

10000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

21000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)

Andrew Miller

Mailing Address 2130 SW 21st Ave

City

Portland

State

OR

Zip Code

97201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Andrew Lumber

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: 01013.C111055

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

William J Moshofsky

Mailing Address 10585 SW 161st Ct

City

Beaverton

State

OR

Zip Code

97007-8171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: 01013.C111057

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Peter Nickerson

Mailing Address PO Box 2947

City

Portland

State

OR

Zip Code

97209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Growth Link Overseas

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: 01013.C111064

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)

Marylin Shannon

Mailing Address 7955 Portland Rd NE

City

Brooks

State

OR

Zip Code

97305-9401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 1 0

Transaction ID: 01013.C111053

Amount of Each Receipt this Period

350.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Mr. Peter W. Stott

Mailing Address 2896 SW Patton Road

City

Portland

State

OR

Zip Code

97204-3701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crown Pacific

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: 01013.C111075

Amount of Each Receipt this Period

10000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Liam Thornton

Mailing Address 3516 SW Gale Ave

City

Portland

State

OR

Zip Code

97239

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thinkwell Group

Occupation
Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: 01020.C111138

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

15350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)

Fred Yaune

Mailing Address PO Box 86

City

Scappoose

State

OR

Zip Code

97056-0086

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Transaction ID: 01020.C111134

Amount of Each Receipt this Period

120.00

Receipt

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

48970.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 30

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)

Republican National Committee

Mailing Address 310 First St SE

City

Washington

State

DC

Zip Code

20003-

FEC ID number of contributing
federal political committee.

C

C00003418

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

156932.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: 01020.C111110

Amount of Each Receipt this Period

720.00

Transfers From Affil./Aut-
h.

NOTE: In-Kind Transfer:
Phones

B.

Full Name (Last, First, Middle Initial)

Republican National Committee

Mailing Address 310 First St SE

City

Washington

State

DC

Zip Code

20003-

FEC ID number of contributing
federal political committee.

C

C00003418

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213332.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 1 0

Transaction ID: 01020.C111136

Amount of Each Receipt this Period

56400.00

Transfers From Affil./Aut-
h.

SUBTOTAL of Receipts This Page (optional)

57120.00

TOTAL This Period (last page this line number only)

57120.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 297813	Transaction ID: 01020.E18915 Date of Disbursement <div> <div>10</div> <div>05</div> <div>2010</div> </div>
City Fort Lauderdale State FL Zip Code 33329- Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>69.23</div> CREDIT CARD FEES
B. Full Name (Last, First, Middle Initial) CTS Holdings LLC Mailing Address c/o Key Bank 1500 Edgewater St NW City Salem State OR Zip Code 97304- Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01020.E18917 Date of Disbursement <div> <div>10</div> <div>04</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>1.50</div> CREDIT CARD FEES
C. Full Name (Last, First, Middle Initial) CTS Holdings LLC Mailing Address c/o Key Bank 1500 Edgewater St NW City Salem State OR Zip Code 97304- Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01020.E18918 Date of Disbursement <div> <div>10</div> <div>05</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>2.75</div> CREDIT CARD FEES

SUBTOTAL of Disbursements This Page (optional) ►

73.48

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)
CTS Holdings LLC

Mailing Address c/o Key Bank
1500 Edgewater St NW

City Salem State OR Zip Code 97304-

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01020.E18919
Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

0.91

CREDIT CARD FEES

B.

Full Name (Last, First, Middle Initial)
CTS Holdings LLC

Mailing Address c/o Key Bank
1500 Edgewater St NW

City Salem State OR Zip Code 97304-

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01020.E18920
Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

12.75

CREDIT CARD FEES

C.

Full Name (Last, First, Middle Initial)
CTS Holdings LLC

Mailing Address c/o Key Bank
1500 Edgewater St NW

City Salem State OR Zip Code 97304-

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01020.E18921
Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

1.77

CREDIT CARD FEES

SUBTOTAL of Disbursements This Page (optional)

15.43

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)
CTS Holdings LLC

Mailing Address c/o Key Bank
1500 Edgewater St NW

City Salem State OR Zip Code 97304-

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01020.E18922
Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

1.15

CREDIT CARD FEES

B.

Full Name (Last, First, Middle Initial)
Elizabeth Annie Haury

Mailing Address 5733 Silverton Rd NE

City Salem State OR Zip Code 97305-

Purpose of Disbursement
Reimbursement -- See Below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01020.E18896
Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

234.99

REIMBURSEMENT -- SEE BELOW

C.

Full Name (Last, First, Middle Initial)
Elizabeth Annie Haury

Mailing Address 5733 Silverton Rd NE

City Salem State OR Zip Code 97305-

Purpose of Disbursement
Mileage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01020.E18897
Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

148.74

[MEMO ITEM]
MEMO: MILEAGE

SUBTOTAL of Disbursements This Page (optional)

236.14

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)
Key Merchants

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920-

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01020.E18910
Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

8.34

CREDIT CARD FEES

B.

Full Name (Last, First, Middle Initial)
Key Merchants

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920-

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01020.E18913
Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

62.00

CREDIT CARD FEES

C.

Full Name (Last, First, Middle Initial)
Key Merchants

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920-

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01020.E18914
Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

185.00

CREDIT CARD FEES

SUBTOTAL of Disbursements This Page (optional)

255.34

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)
Key Merchants

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920-

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01020.E18912

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

431.09

CREDIT CARD FEES

B.

Full Name (Last, First, Middle Initial)
Key Merchants

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920-

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01020.E18911

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

249.00

CREDIT CARD FEES

C.

Full Name (Last, First, Middle Initial)
Key Merchants

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920-

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01020.E18909

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

15.00

CREDIT CARD FEES

SUBTOTAL of Disbursements This Page (optional)

695.09

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)

Key Merchants

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920-

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01020.E18923

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

95.00

CREDIT CARD FEES

B.

Full Name (Last, First, Middle Initial)

Republican National Committee

Mailing Address 310 First St SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
See Line 12 In-Kind Transfer Phones

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01020.E18890

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

720.00

SEE LINE 12 IN-KIND TRANS-
FER PHONES

SUBTOTAL of Disbursements This Page (optional)

815.00

TOTAL This Period (last page this line number only)

2090.48

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 30

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) Persuasion Partners Inc	Transaction ID: 01020.E18899 Date of Disbursement
Mailing Address 106 East Doty Street Suite 300	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 9 / 2 0 1 0</div> </div>
City Madison State WI Zip Code 53703-	Amount of Each Disbursement this Period
Purpose of Disbursement Vol Exempt Print & Mail - General	<div>22128.00</div>
Candidate Name LORENTZ SCOTT BRUUN	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ VOL EXEMPT PRINT & MAIL - GENERAL
B. Full Name (Last, First, Middle Initial) Internal Revenue Svc-Payroll Tax Dept.	Transaction ID: 01020.E18901 Date of Disbursement
Mailing Address c/o Key Bank 1500 Edgewater St NW	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 4 / 2 0 1 0</div> </div>
City Salem State OR Zip Code 97304-	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Payroll Taxes	<div>3417.46</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ FEA PAYROLL TAXES
C. Full Name (Last, First, Middle Initial) Internal Revenue Svc-Payroll Tax Dept.	Transaction ID: 01020.E18900 Date of Disbursement
Mailing Address c/o Key Bank 1500 Edgewater St NW	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 4 / 2 0 1 0</div> </div>
City Salem State OR Zip Code 97304-	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Payroll Taxes	<div>80.87</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ FEA PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional)

25626.33

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) West Meridian LLC	Transaction ID: 01020.E18908 Date of Disbursement																				
Mailing Address 914 164th St SE # 343	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	1		2	0	1	0												
City Bothell State WA Zip Code 98012-6385	Amount of Each Disbursement this Period																				
Purpose of Disbursement Vol Exempt Print & Mail - General	<table border="1"> <tr> <td colspan="10">6847.20</td> </tr> </table>	6847.20																			
6847.20																					
Candidate Name ROBERT CORNILLES	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 01	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ VOL EXEMPT PRINT & MAIL - GENERAL																				
B. Full Name (Last, First, Middle Initial) Oregon Department of Revenue	Transaction ID: 01020.E18903 Date of Disbursement																				
Mailing Address P.O. Box 14800	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	4		2	0	1	0												
City Salem State OR Zip Code 97309-0920	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Payroll Taxes	<table border="1"> <tr> <td colspan="10">1378.59</td> </tr> </table>	1378.59																			
1378.59																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ FEA PAYROLL TAXES																				
C. Full Name (Last, First, Middle Initial) Oregon Department of Revenue	Transaction ID: 01020.E18902 Date of Disbursement																				
Mailing Address P.O. Box 14800	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	4		2	0	1	0												
City Salem State OR Zip Code 97309-0920	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Payroll Taxes	<table border="1"> <tr> <td colspan="10">485.55</td> </tr> </table>	485.55																			
485.55																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ FEA PAYROLL TAXES																				

SUBTOTAL of Disbursements This Page (optional)

8711.34

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)

U.S. Postmaster

Mailing Address Tigard or Main Branch

City
Tigard

State
OR

Zip Code
97223-

Purpose of Disbursement
General Postage Permit

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01020.E18895

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

Amount of Each Disbursement this Period

370.00

GENERAL POSTAGE PERMIT

SUBTOTAL of Disbursements This Page (optional)

370.00

TOTAL This Period (last page this line number only)

34707.67

SCHEDULE C (FEC Form 3X)Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 22 / 30

FOR LINE 13 OF FORM 3X

LOANSNAME OF COMMITTEE (In Full)
Oregon Republican Party

Transaction ID: LS90219.C93909

LOAN SOURCE Full Name (Last, First, Middle Initial)
F. Douglas Day

Election:

- ☐
- Primary
-
- ☐
- General
-
- ☐
- Other (specify) ▼

Mailing Address 2929 NW Cumberland Rd

City Portland State OR ZIP Code 97210-

Original Amount of Loan

10000.00

Cumulative Payment To Date

1000.00

Balance Outstanding at Close of This Period

9000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 2D D
0 4Y Y Y Y
2 0 0 8

20101231

8.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

9000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 23 / 30

FOR LINE 13 OF FORM 3X

LOANSNAME OF COMMITTEE (In Full)
Oregon Republican Party

Transaction ID: LS90219.C93964

LOAN SOURCE Full Name (Last, First, Middle Initial)
Michael Scheel

Election:

- ☐
- Primary
-
- ☐
- General
-
- ☐
- Other (specify) ▼

Mailing Address 3951 Croisan Creek Rd S

City Salem State OR ZIP Code 97302-9474

Original Amount of Loan

10000.00

Cumulative Payment To Date

1000.00

Balance Outstanding at Close of This Period

9000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 1D D
3 1Y Y Y Y
2 0 0 8

20101231

8.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

9000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 24 / 30

FOR LINE 13 OF FORM 3X

LOANSNAME OF COMMITTEE (In Full)
Oregon Republican Party

Transaction ID: LS90219.C93965

LOAN SOURCE Full Name (Last, First, Middle Initial)
Julie Scheel

Election:

- ☐
- Primary
-
- ☐
- General
-
- ☐
- Other (specify) ▼

Mailing Address 3951 Croisan Creek Rd S

City Salem State OR ZIP Code 97302-9474

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 1D D
3 1Y Y Y Y
2 0 0 8

20101231

8.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

TOTALS This Period (last page in this line only) ▶

28000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 25 / 30

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
Oregon Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
FLS Connect

Nature of Debt (Purpose):
Fundraising Phone Calls -
OR GOP

Mailing Address 7320 N Dreamy Draw Dr

City State ZIP Code
Phoenix AZ 85020-5212

Outstanding Balance Beginning This Period

2722.60

Transaction ID: LS00819.E18645

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2722.60

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Office Depot

Nature of Debt (Purpose):
Office Supplies

Mailing Address 10520 SW Cascade Ave

City State ZIP Code
Portland OR 97223-4302

Outstanding Balance Beginning This Period

480.69

Transaction ID: LS00715.E18614

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

480.69

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Pitney Bowes Purchase Power

Nature of Debt (Purpose):
Postage - OR GOP

Mailing Address PO Box 856042

City State ZIP Code
Louisville KY 40285-6042

Outstanding Balance Beginning This Period

675.84

Transaction ID: LS91209.E17984

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

675.84

1) **SUBTOTALS** This Period This Page (optional).....

3879.13

2) **TOTALS** This Period (last page this line number only).....

3879.13

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

28000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

31879.13

SCHEDULE H2 (FEC Form 3X)**ALLOCATION RATIOS**

PAGE 26 / 30

NAME OF COMMITTEE (In Full)

Oregon Republican Party**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT
ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation :

- I. FUNDRAISING activities are allocated using the 'funds received method' where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.
For PACs Only : Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER

ANN COULTER OCT 1

ACTIVITY IS:

☒ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☒ Same as Previously Reported

FEDERAL %

25.00 %

NONFEDERAL %

75.00 %**Transaction ID:**
H2100920.J33

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 27 / 30
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oregon Republican Party

NAME OF ACCOUNT

OREGON NON-FED STA-
TE ACCT c/o Key Ba-
nk

DATE OF RECEIPT

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	1	0

TOTAL AMOUNT TRANSFERRED

10000.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

10000.00

Transaction ID: H301021.C111139

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

10000.00

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

0.00

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred)

10000.00

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 28 / 30

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oregon Republican Party

A. Full Name (Last, First, Middle Initial)
Green Office LLC

Mailing Address

11560 SW 67th Ave Suite 333

City	State	Zip Code
Portland	OR	97223-

Purpose of Disbursement:
RentCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31 1

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

155047.03

Date

M	M
1	0

 /

D	D
0	8

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401020.E18891

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

630.00

2370.00

3000.00

B. Full Name (Last, First, Middle Initial)
U.S. Postmaster

Mailing Address

Tigard or Main Branch

City	State	Zip Code
Tigard	OR	97223-

Purpose of Disbursement:
Postage -- OR GOPCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31 1

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

152047.03

Date

M	M
1	0

 /

D	D
0	5

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401020.E18892

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

38.85

146.15

185.00

C. Full Name (Last, First, Middle Initial)
U.S. Postmaster

Mailing Address

Tigard or Main Branch

City	State	Zip Code
Tigard	OR	97223-

Purpose of Disbursement:
Postage -- OR GOPCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31 1

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

151512.03

Date

M	M
1	0

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401020.E18893

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

18.48

69.52

88.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

687.33

2585.67

3273.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 29 / 30
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oregon Republican Party

A. Full Name (Last, First, Middle Initial)
U.S. Postmaster

Mailing Address

Tigard or Main Branch

 City State Zip Code
Tigard OR 97223-

 Purpose of Disbursement:
Postage -- OR GOP
Category/
Type
 Activity or Event Identifier:
ADMINISTRATION B 31 1

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

151862.03

 Date

M	M
1	0

 /

D	D
0	4

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401020.E18894

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

73.50

276.50

350.00

B. Full Name (Last, First, Middle Initial)
Management Group Oregon Inc

Mailing Address

245 13th Street Northeast

 City State Zip Code
Salem OR 97301-

 Purpose of Disbursement:
Office Space Rental
Category/
Type
 Activity or Event Identifier:
ADMINISTRATION B 31 1

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

151424.03

 Date

M	M
1	0

 /

D	D
0	1

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401020.E18907

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

147.00

553.00

700.00

C. Full Name (Last, First, Middle Initial)
Lynn Snodgrass

Mailing Address

16252 SE Bluff Road

 City State Zip Code
Sandy OR 97055-

 Purpose of Disbursement:
Reimbursement -- See Below
Category/
Type
 Activity or Event Identifier:
ANN COULTER OCT 1

Type of Allocated Activity:

☐ Administrative ☒ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

57957.45

 Date

M	M
1	0

 /

D	D
0	1

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401020.E18904

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

405.61

1216.84

1622.45

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

626.11

2046.34

2672.45

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 30 / 30
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oregon Republican Party

A. Full Name (Last, First, Middle Initial)
Southwick Specialty Advertising

Mailing Address

8383 NE Sandy Blvd

City State Zip Code
Portland OR 97220-

Purpose of Disbursement:
Books and Journals

Category/
Type

Type of Allocated Activity:

☐ Administrative ☒ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

57957.45

Activity or Event Identifier:
ANN COULTER OCT 1

[MEMO ITEM] Books and Journals

Date / /

Transaction ID: H401021.E18924

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

405.61

1216.84

1622.45

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

0.00

0.00

0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

1313.44

4632.01

5945.45